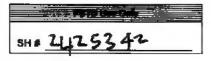
Los Augeles County Sheriff's Department

Officer Involved Shooting

Page 1 of 4

Report Date:			Bureau/Station/Facility:				Admin, Inve	et 2	Hit?
4	/12/17		Ce	ntury Sheriff			Martin, Into	er:	Hite.
-				Incident Info	rmation				
URN:	01	7-05737-21	76-013	Date:	4/12	/17	Time:	1	0115
City or Station:		Santuar Shr	eriff's Station	Nature of Incide					
1	,	Jeniusy Sin	enii s Station			nnon and Sh			
Location: North/South	Allev	Between 91	st and 92nd	Suspect Ze	elalem Ewn	etu during a	vehicle burg	glary inve	estigation.
			nue, Los Angeles						
Location Type			(check only one):		check one or n	10/6)	nitiated by (chec	k only one)	
(check one or m	10/e):	√ Dark	ness	✓ Armed Pers			Arrest Warra	nt	
Beach		☐ Day	ight	Fleeing Sur			✓ Cail		
Business		Othe		Foot Pursui	•		Observation One Person	la%	
Freeway		Stre	et Lights	Gun Take A			Other	DILLE	
Industrial Park		Weather	(circle only one):	☐ Moving Veh ☐ Sniper/Amb		li l	Search Warr	ant	
Parking Lot		√ Clea		Startle	-3001	1	Two Person	Jnit	
Residence		Clou	dy	Struggle In		i i	Prior Activity (che	eck only on	•):
Rural		Fog		Traffic Stop		l i	Detective		
School		Rain		Unarmed P			Inmate Trans	port	
Other: Al	lley W	Distance	ss than 15 feet	Vehide Pur			Other Routine Patro		
Total # of Shots F		-	Shots Fired by Suspect	☐ Warrant Se		<u> </u>	A Kontine Sec	*	. <u>.</u>
13		abuty 100m # 0	O	Uther:	ot		Aero Unit?	Car	sine Unit?
10							_	_	
Employee #		Last Name	Fi-	Employee Wi	tnesses	ChiefTime Inhants		Same takanta	
Linproyee w	1	Past Manie		N Harris	MAT.	ShiftTime (check		ype (check o	ertime C Off Duty
Employee #	_	Last Name	Fin	t Name	M.J.	ShiftTime (check		ype (check o	
									ertime Off Duty
Employee #		Last Name	Fire	t Name	M.I.	ShiftTime (check		ype (check o	anly one): Irtime
			N	on-Employee	Witnesses			900 041	
Last Name				an Employee	First I	Name			M,I.
Street Address			Car		7:-0	ada Mila	4. Dr.	Hama 8	
Street Address			City		Zip C	ode wor	k Ph	Home i	-n
Last Name					First I	Name			M.I.
Street Address			City	-	Zip Ci	ada likiar	k Ph	Home I	26
			Cny				n r II	- IOIII -	
Last Name					First I	Vame			M.I.
Street Address		-	City		Žip Či	ode Wor	k Ph	Home f	Ph
				Supervis					
Employee #	Last Na	_	First N		M.L.	Check one or a	more):	Witne	ss to shooting
		Bowle	=y	Jason			ring shooting		ed in shooting
Employee #	Last Na	sme	First N	lame	MJ	(check one or	more):		
						On Duty	ring shooting		ss to shooting ed in shooting
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Employee #	70	ast Name		waten sen		irst Name			M.I.
			Strong				Dru		E
	1			Watch Comr	nander				
Employee #	1	ast Name		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		irst Name			M.I.
			Holguin				Daniel		



Emplo	yee# Last Na	me		Mann	nion	First Nam	(d)	Pat	rick		,	J. J.
				Shoot	ing / Force Inform	ation						
Meth	od					Typ	e of Injur	ν		Body	Par	t Injured
(AW) (BC) (BC) (BCN) (CCR) (CCT) (TTD) (TCE) (TTD) (TCE) (TTX) (TEX) (TFX) (FFX) (FFX) (FFX) (FFX)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canins Carcitid Restrain! Choke Holds Control Holds:(Control Tel Control Holds:(Takedown Chemical Agents (OC Sp. Chemical Agents (Tear G Explosives Firearm (Handgun) Firearm (Rifle) Firearm (Shotgun) Firearm (Other) Flashbang	edown)	(OV) (OB) (OO) (PK) (PS) (PS) (PP) (RS) (RH) (FB) (RB) (FB) (SF) (SB) (SB) (ST) (TR) (UC)	Other Weapor Personal We Personal We Personal We Personal We Personal We Resistance Restraint Der Re	on: Blunt Object on: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Sweep) apon: (Hand/Arm) apon: (Push) apon: (Cther) vice (Capture Nei) vice (Handcuffs) vice (Handcuffs) vice Hobble (TARP) vice: REACT Sett	(AB) (BR) (BU) (CP) (CO) (DH) (DI) (DB) (FR) (GS) (HB) (LC) (ND) (OD) (PA) (PW) (SD) (ST) (UN)	Abrasion Bruise Burn Complaint Concussi Death Dislocatio Dog Site Fractures Gunehot Human Bil Laceration Name Da Organ Da Paralysia Puncture Soft Tissu Sprain/Tu Unconscie	t of Pair on in ite ns mage image Wound te Dami		(AC) (AK) (AK) (BK) (BE) (FE) (GE) (GE) (HE) (SE) (SE)	Abd Ann Ann Bar Bur Che Elb Fair Finn Ger Hall Into Known Lee Shows Show	domen kle n ck ck ttocks est sow ce et gens nitals pin nd ad b arnal ees d ck pulder
Bran (AK)	d AK-47	(IV) (JE)	tver Johnson Jennings	(RO) (SW)	Rossi Smith & Wesson	(RM)	Refused I	Med Tre	atment	(WR)	VW	ist
(BN) (BR) (BW) (CH) (CO) (DA) (GL) (HA) (HK) (HK)	Benelli Baretta Browning Charter Arms Coft Davis Industries Glock Harrington & Richardson- Hi Standard H & K	(LO) (LU) (MA) (MO) (NA) (NA) (RA) (RA) (RG)	Lordin Luger Martin Mossberg NCI aka SKS North Amend Norinco Reven Remington RG	(SR) (SS) (ST) (TA) (WE)	Sturm Ruger SIG Sauer Sterling Taurus Weathertry Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(12) 1 (20) 2 (21)	NONE 9 mm 10 mm 12 guage	(24) (25) (30) (35) (36) (38)	.243 cm .25 cmli .308 cm .357 cm .30–60 cmli	ber liber liber aliber	(41) (44) (45) (50) (SL)	.410 guage .44 caliber .45 caliber \$0 mm Slug Other calibi

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of injury (Code)	Body Part (Code)
S#1	E#1 & E#2	FH	SW	40			NN	
E#1	S#1	FH	BR	9	Y	Y	NN	
E#2	S#1	FH	SW	9	Y	Υ	DH	CH
E#2	S#1	FH	sw	9	Y	Υ	GS	AR
			_					
					1			

Officer Involved Shooting Involved Employee Information

URN: 017-05737-2176-013

Page 3 of 4

			Involved	Employee			
1	Employee #	Last Name	Gannon		First Name	Timothy	M.I.
	Sex: M Race: W	Rank Deputy She	eriff Unit Assignment	entury	Work Assignment (Unit	#, Module, etc.): 216F	
	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime	Off Duty Intoxication/Dr	ug Usage?	Substance Used:		
	Hospital Admission?	Hospital Name:	Coroner Case	7	Coroner Case #		Interviewed?
	Hrs of sleep prior to shooting 6.5	g: Duty Time (hrs):	Clothing (circle only one) Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:		-
	Age: Height:	511 Weight: 180	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest			
	Range Qualification Date:		PPC Qualification Date:		Laser Training		
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shoo	Shooting	AC .	ected Force:
	DIENG.	rreta Caliber 9MI	M #Shots 2	Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp s				First Name		M.I.
	Field Training Officer Emp a	Last Name			First Name		M.I.
E 2	Employee #	Last Name	Lattuca		First hame	Shane	M.I.
	Sex: M Race: W	Rank: Deputy She	Unit Assignmen	entury	Work Assignment (Unit	# Module, etc.): 216F	
	ShiftTime (circle only one). EM PM Day	ShiftTypo (circle anly one) Regular Overtime	Off Duty Intoxication/Dr	ug Usage?	Substance Used		
	Hospital Admission?	Hospital Name:	Coroner Case	²	Coroner Case #		Interviewed?
	Hrs of sleep prior to shooting	g: Duty Time (hrs):	Clothing (circle only one):	Rad Jacket w/ Vest	Other Factors:		
	Age: Height	600 Weight: 240	Plain Clothes w/ Vest	Uniform no Vest			
	Range Qualification Date		PPC Qualification Date:		Laser Training	Date:	
	Certified with Weaport Lised?	Patrol Certification?	Certification Unit	Prior Sho	Number Shooting		rected Force:
	Weapons Fired S&W	/M&P Caliber 9MI	M *Shots 11	Weapons Fired Brand		Caliber	# Shots
	Field Training Officer Emp #				First Name		M.I.
	Field Training Officer Emp t	Last Name			First Name		M.I.
E	Employee#	Last Name			First Name		MJI.
	Sex: Race:	Rank:	Unit Assignme	nt	Work Assignment (Unit	#. Module, etc.):	
	ShiftTime (circle only one): EM PM Oay	ShiftType (circle only one): Regular Overtime	Off Duty Intexication/br	ug Usage?	Substance Used:		
	Hospital Admission?	Hospital Name:	Coroner Case	? 🗍	Coroner Case #		Interviewed?
	Hrs of sleep prior to shooting	g: Duty Time (hrs):	Clothing (circle only one): Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:		
	Age: Height:	Weight:	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest			
	Range Qualification Date:		PPC Qualification Date:		Laser Training		
	Certified with Weapon Used?	Patrol Certification?	Certification Unit	Pnor Sho	ootings? Number of Shootings		rected Force:
	Weapons Fired Brand:	Caliber	# Shots	Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp #	t Last Name			First Name		M.I.
	Field Training Officer Emp &	Last Name			First Name		M.I.

Officer Involved Shooting Suspect Information

_	HPM-
	UPON.

017-05737-2176-013

Page 4 of 4

AKA Last Name Street Address	AKA Latt Name Set: M Race: B Sheet Amount			S	uspect Info	rmation		
Sex: M Race: B Street Address: Social Security # Cris Cay Cay	Size: M Racie: B Steel MemorPhone: Social Security # Direct Licenting Note: Prome: Home Phone: Social Security # Direct Licenting Note: Prome: Social Security # Direct Licenting Note: Prome Phone: Social Security # Direct Licenting Note: Prome Phone: Note: Prome Phone: Social Security # Direct Licenting Note: Prome Phone: Note: Prome Phone: Social Security # Direct Licenting Note: Prome Phone: Note: Prome Phone: Note: Prof. Name Note: Prome Phone: Note: Prof. Name Note: Prome Phone: Note: Prof. Name Note: Prof. Name Note: Prome Phone: Note: Prof. Name Not	S 1	Last Name	Ewnetu		First Name	Zelalem	м.і. Е
Work Phone:	Work Phone:		AKA Last Name			First Name		M.I.
Age 28 D.O.B. 5/06/88 Height 511 Veright: 160 Fist # Draws Clarge: 245(d) (2) PC Secondary Charge: Coroner Cese? ✓ Coroner Cese # Draws Clarge: 245(d) (2) PC Secondary Charge: Americal Brooking # Primary Charge: 245(d) (2) PC Secondary Charge: Coroner Cese? ✓ Apprehended? Marital Bliness? ✓ Coroner Marital Brooking # Prior Felory Coroniction: First Name M.I. AKA Last Name First Name M.I. Sex: Race: Street Address: City Steller # Driver's License # Driver's L	Age D.O.B. S/DG/8B Height S11 Weight 16D Fill # Socking # Primary Charge: 245(d) (2) PC Secondary Charge: Coroner Case?							State & Zip Code
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Armed? Apprehended? Mental Illness? Criminal History? Vehicle Make Model. Year. Parole: Probation: Prior Felony Conviction: S Last Name First Name M.I. AKA Last Name M.I. AKA Last Name First Name M.I. Sex: Race: Street Address: City State 8 Zip Code: Work Phone: Home Phone: Social Security #: Driver's License #: Age: D.O.B. Height: Weight: FBI # City Armed? Apprehended? Mental Illness? Criminal History? Vehicle Make Mode: Year: Parole: Probation: Prior Felony Conviction: Kia Forte Substance Used AMA Last Name M.I. AKA Last Name M.I. Sex: Race: Street Address: City State & Zip Code: Work Phone: Home Phone: Social Security #: Driver's License #: Amed? Apprehended? Parole: Probation: Prior Felony Conviction: First Name M.I. Sex: Race: Street Address: City State & Zip Code: Work Phone: Home Phone: Social Security #: Driver's License #: Age: D.O.B. Height: Weight: FBI # Cit # Driver's License #: Age: D.O.B. Height: Weight: FBI # Cit #	Armed? Apprehended? Mental Illness? Criminal History? Vehicle Make Model Year: Parole: Probation: Prior Felony Conviction: Sax		Booking #	Primary Charge:		Secondary Charge:		***
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